

**Psychotropic Medication Monitoring Scale (PMMS)**

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Location: \_\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

Exam Type: ☐ Admit/Baseline ☐ Drug Initiation ☐ 6 Month ☐ Other

(Check applicable symptoms)			
	Present	Absent	
1. General	<input type="checkbox"/>	<input type="checkbox"/>	7. Gastrointestinal
2. Skin	<input type="checkbox"/>	<input type="checkbox"/>	8. Neuromuscular
3. Head/Eyes/Ears	<input type="checkbox"/>	<input type="checkbox"/>	9. Urogenital
4. Mouth/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	10. Neurological
5. Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	11. Psychiatric
6. Respiratory/Chest	<input type="checkbox"/>	<input type="checkbox"/>	

1. General: - weight increase/ decrease, weakness/ fatigue, blood glucose abnormalities, change in body temperature
2. Skin: - acne, rash, changes in hair pattern/ growth, dryness, changes in sweating, sunburns, change in color, bruising
3. Head/ eyes/ ears: - loss of hair, tics/grimaces, changes in eye movements, change in vision, ringing in ears, headaches, lack of facial expression, decreased blink rate
4. Mouth/ nose/ throat: - drooling, dry mouth, abnormal tongue/ mouth movements, changes in speech, gum growth, sore throat, nasal congestion
5. Cardiovascular: - dizziness/ fainting, falling episodes, changes in BP or HR, swelling/ edema/ fluid retention
6. Respiratory/ chest: - breast swelling/ engorgement/ discharge, wheezing, SOB, cough
7. Gastrointestinal: - nausea/ vomiting, changes in appetite, constipation, diarrhea, increased thirst, pain
8. Neuromuscular: - muscle cramps/ spasms, abnormal movements, contortions of head/ neck/ back, rigidity, restlessness/ pacing/ inability to sit still, tremor, shuffling or slow gait, pill rolling
9. Urogenital: - increased urination, urinary retention or difficulty, sexual complaints/ difficulties, abnormal/ sustained erections, changes in or loss of menstrual cycles
10. Neurological: - new onset/ worsening in seizures, tremor, abnormal movements, tingling/ numbness, change in coordination/gait
11. Psychiatric: - agitation/ irritability, confusion/ worsening in cognition, impairment in attention/ concentration, sedation, lethargy, difficulty with sleep, crying or changes in mood, hallucinations, delusions, euphoria/ activation

**Abnormal Findings:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**Assessment/Plan:**

\_\_\_\_\_  
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NURSE: - \_\_\_\_\_

**MD Comments/Plan:**

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 M.D. - \_\_\_\_\_